

DECLARATION AND POWER OF ATTORNEY

Docket No.:206.1002US

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled:

WIRELESS BLOOD GLUCOSE MONITORING SYSTEM

the specification of which (check one)

- is attached hereto
 was filed on January 27, 2004 as U.S. Application Serial No. 10/766,640 and was amended on _____.
 I hereby authorize and request our attorneys, Davidson, Davidson & Kappel, LLC of 485 Seventh Avenue, New York, New York 10018 to insert here in parentheses (application number _____, filed _____) the filing date and application number of said application when known.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information that is known to me to be material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56.

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60/443,770 Number	USA Country	30 January 2003 Day/Month/Year Filed	Priority claimed <input checked="" type="checkbox"/> <input type="checkbox"/> Yes No
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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

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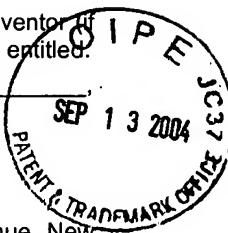
And I hereby appoint Clifford M. Davidson, Reg. No. 32,728, Leslye B. Davidson, Reg. No. 38,854, Cary S. Kappel, Reg. No. 36,561, William C. Gehris, Reg. No. 38,156, Morey B. Wildes, Reg. No. 36,968, Robert J. Paradiso, Reg. No. 41,240, Erik R. Swanson, Reg. No. 40,833, Thomas P. Canty, Reg. No. 44,586, Livia S. Boyadjian, Reg. No. 34,781, and all other registered attorneys and agents at Davidson, Davidson & Kappel, LLC, U.S. Patent and Trademark Office Customer Number 23280, my attorneys, with full power of substitution and revocation, to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith; correspondence address: DAVIDSON, DAVIDSON & KAPPEL, LLC, 485 Seventh Avenue, 14th Floor, New York, New York 10018; Telephone: (212) 736-1940; Fax: (212) 736-2427.

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Full name of sole or first Inventor	Emil W. CIURCZAK
Inventor's signature	
Date	
Residence	Goldens Bridge, NY
Post Office Address	77 Park Road, Goldens Bridge, NY 10526
Citizenship	USA

Full name of additional Inventor	Gary RITCHIE
Inventor's signature	
Date	
Residence	Kent, Connecticut
Post Office Address	16 Elizabeth Street, Apartment #10 Kent, Connecticut 06757
Citizenship	USA

Additional inventors named on attached sheet(s).



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Full name of additional Inventor	Howard MARK
Inventor's signature	
Date	
Residence	Suffern, NY
Post Office Address	21 Terrace Avenue, Suffern, NY 10901
Citizenship	USA

Full name of additional Inventor	Kevin C. BYNUM
Inventor's signature	
Date	22 Aug 2004
Residence	Yonkers, NY
Post Office Address	1155 Warburton Avenue, Apt. 9j, Yonkers, NY 10701
Citizenship	USA

Full name of additional Inventor	
Inventor's signature	
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WIRELESS BLOOD GLUCOSE MONITORING SYSTEM

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Full name of sole or first Inventor	Emil W. CIURCZAK	Full name of additional Inventor	Gary RITCHIE
Inventor's signature		Inventor's signature	
Date		Date	
Residence	Goldens Bridge, NY	Residence	Kent, Connecticut
Post Office Address	77 Park Road, Goldens Bridge, NY 10526□□□	Post Office Address	16 Elizabeth Street, Apartment #10 Kent, Connecticut 06757
Citizenship	USA	Citizenship	USA



Full name of additional Inventor	Howard MARK
Inventor's signature	<i>Howard Mark</i>
Date.	7/22/04
Residence	Suffern, NY
Post Office Address	69 Jamie Court, Suffern, NY 10901
Citizenship	USA

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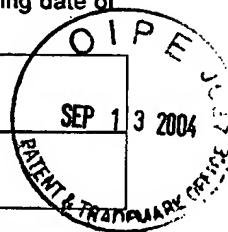
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Inventor's signature	<i>Emil W. Ciurczak</i>
Date	9/5/04
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Citizenship	USA

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Inventor's signature	
Date	
Residence	Goldens Bridge, NY
Post Office Address	77 Park Road, Goldens Bridge, NY 10526
Citizenship	USA

Full name of additional Inventor	Gary RITCHIE
Inventor's signature	<i>Mr. Ritchie</i>
Date	July 29, 2004
Residence	Kent, Connecticut
Post Office Address	16 Elizabeth Street, Apartment #10 Kent, Connecticut 06757
Citizenship	USA

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